

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/18/2014
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaints IN00154625, IN00154866, IN00155157, and IN00154773.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the State Residential Licensure Survey and with the PSR to the Investigation of Complaint IN00152777 completed on 7/28/2014.</p> <p>Complaint IN00154625 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00154866 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00155157 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00154773 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: September 16, 17, and 18, 2014</p> <p>Facility number: 003283 Provider number: 003283 AIM number: N/A</p> <p>Survey team: Karyn Homan, RN-TC Patti Allen, LSW Dottie Plummer, RN Marcy Smith, RN</p> <p>Census bed type: Residential: 54 Total: 54</p> <p>Census payor type: Medicaid: 37 Total: 37</p> <p>Residential sample: 9</p>	R 000		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 003283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 09/18/2014
NAME OF PROVIDER OR SUPPLIER COUNTRY CHARM VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 7212 US HWY 31 S INDIANAPOLIS, IN 46227		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	Continued From page 1 Country Charm Village was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00154625, IN00154866, IN00155157, and IN00154773. Quality review completed on September 22, 2014; by Kimberly Perigo, RN.	R 000			